DESERT MEDICAL REJUVENATION
REGAIN YOUR YOUTHFUL APPEARANCE

ART QUINTANILLA, M.D.

MEDICAL HISTORY

COSMETIC HISTORY

Which of the following best describes your Fitzpatrick skin type? (Please circle one number type)

I. Always burns, never tans

II. Always burns, sometimes tans

III. Sometimes burns, always tans

IV. Rarely burns, always tans

V. Very rarely burn

VI. Never burns

ALLERGIES

Are you allergic to any medications? ( ) YES ( ) NO
If yes, please list:_____

Have you ever had an allergic reaction to any of the following? (Please check all that apply and describe the reaction you experienced) ( )Food ( )Latex ( )Aspirin ( )Lidocaine ( )Hydrocortisone
( )Hydroquinone or bleaching agents ( )Others:_____

MEDICATIONS

Please list all medications you are currently taking (including prescriptions, over-the-counter medications, and vitamins):_____
What topical medications or creams are you currently using? ( ) Retin-A ( ) Others: _____

REVIEW OF SYSTEMS

DERMATOLOGY
( ) oily skin
( ) dry skin
( ) red or brown spots
( ) fine lines/wrinkles
( ) sun damage

GENERAL
( ) diabetes
( ) hormonal contraception
( ) currently pregnant
( ) currently breastfeeding
( ) reaction to antibiotics
( ) reaction to bandages
( ) anticoagulant daily

ENDOCRINE
( ) excessive sweating
( ) heat/cold intolerance

MUSCULOSKELETAL
( ) arthritis/joint deformity
( ) artificial joints

GASTROENTEROLOGY
( ) nausea
( ) vomiting
( ) gastro-intestinal problems

PSYCHOLOGY
( ) depressions
( ) suicidal thoughts
( ) mental or physical abuse
( ) mood swings
( ) obsessive-compulsive

BLOOD/LYMPH
( ) swollen glands
( ) fatigue
( ) varicose veins
( ) easy bruising
( ) bleed easily
( ) blood clots
( ) thyroid problems

CARDIOLOGY
( ) chest pain
( ) palpitations
( ) leg swelling
( ) heart attack
( ) high blood pressure
( ) pacemaker

NEUROLOGY
( ) headaches
( ) tingling/numbness
( ) seizures/dizziness

RESPIRATORY
( ) asthma
( ) chest tightness
( ) cough/wheezing
( ) bronchitis
( ) emphysema

I attest that the information I have provided above is correct, complete and current, realizing that the medical care provided to me may be based on this information.
PATIENT NAME: _____
PATIENT SIGNATURE_____**DATE**_____